

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 51

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF CATHOLIC HEALTH CARE

| | | | |
|---|--|---|---|
| A. Full Name (Last, First, Middle Initial) FRED GERKEN | | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6 | |
| Mailing Address 5 PETER COOPER ROAD APT 2-D | | Transaction ID: SA11A1.4312 | |
| City NEW YORK | State NY | Zip Code 10010 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer CHS SERVICES, INC | Occupation DIRECTOR MATERIALS MANAGEMENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |
| [MEMO ITEM] | | | |
| B. Full Name (Last, First, Middle Initial) MARIANNE GILLAN | | Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 6 | |
| Mailing Address 707 SARA CIRCLE | | Transaction ID: SA11A1.4361 | |
| City PORT JEFFERSON STA | State NY | Zip Code 11776 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer GOOD SHEPHERD HOSPICE | Occupation PRESIDENT & CHIEF EXECUTIVE OFFICER | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |
| [MEMO ITEM] | | | |
| C. Full Name (Last, First, Middle Initial) MARIANNE GILLAN | | Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 4 / 2 0 0 6 | |
| Mailing Address 707 SARA CIRCLE | | Transaction ID: SA11A1.4115 | |
| City PORT JEFFERSON STA | State NY | Zip Code 11776 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | SUPPORTER | |
| Name of Employer GOOD SHEPHERD HOSPICE | Occupation PRESIDENT & CHIEF EXECUTIVE OFFICER | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)